## Case 1:19-bk-11217 Doc 1 Filed 07/31/19 Entered 07/31/19 16:45:32 Desc Main Document Page 1 of 57

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF RHODE ISLAND		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Eticia First name  T Middle name  Shaw Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1183	

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Case number (if known)

Debtor 1 Leticia T Shaw

		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.		□ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	_	Business name(s)
		EINs	_	EINs
5.	Where you live			If Debtor 2 lives at a different address:
		91 Opper Street		
		Providence, RI 02904  Number, Street, City, State & ZIP Code	_	Number, Street, City, State & ZIP Code
		Providence		•
		County	-	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		25 Parade Road Warwick, RI 02886		
		Number, P.O. Box, Street, City, State & ZIP Code		Number, P.O. Box, Street, City, State & ZIP Code
ò.	Why you are choosing	Check one:		Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		<ul> <li>Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> </ul>
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
			-	

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Case number (if known) Debtor 1 Leticia T Shaw

arı	Tell the Court About	Your Bank	ruptcy C	ase		
	The chapter of the Bankruptcy Code you are			brief description of each, , go to the top of page 1		by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy riate box.
	choosing to file under	■ Chapt	er 7			
		☐ Chapt	er 11			
		□ Chapt				
		☐ Chapt				
	How you will pay the fee	abo ord	out how y er. If you	ou may pay. Typically, if	ou are paying the fee	neck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or money ehalf, your attorney may pay with a credit card or check with
						ption, sign and attach the Application for Individuals to Pay
			•	ee in Installments (Officia at my fee he waived (Yo	,	tion only if you are filing for Chapter 7. By law, a judge may,
		but app	is not red olies to yo	quired to, waive your fee, our family size and you ar	and may do so only if e unable to pay the fe	your income is less than 150% of the official poverty line that e in installments). If you choose this option, you must fill out official Form 103B) and file it with your petition.
	Have you filed for bankruptcy within the	■ No.				
	last 8 years?	☐ Yes.				
			District		When	Case number
			District		When	Case number
			District		When	Case number
0.	Are any bankruptcy	■ No				
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
	ullimato i		Debtor			Relationship to you
			District		When	Case number, if known
			Debtor			Relationship to you
			District		When	Case number, if known
1.	Do you rent your	□ No.	Go to	line 12.		
	residence?	Yes.	Has y	our landlord obtained an	eviction judgment aga	inst you?
			•	No. Go to line 12.		
				Yes. Fill out <i>Initial State</i> bankruptcy petition.	ement About an Evictio	on Judgment Against You (Form 101A) and file it with this

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Part	Report About Any Bu	sinesses	You Own	as a Sole Proprietor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name	e and location of business			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach			per, Street, City, State & ZIP Code			
	it to this petition.			k the appropriate box to describe your business:			
				Health Care Business (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as defined in 11 U.S.C. § 101(53A))			
				Commodity Broker (as defined in 11 U.S.C. § 101(6))			
				None of the above			
Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most re							
	For a definition of small	■ No.	I am r	not filing under Chapter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.			
		☐ Yes.	I am f	iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Pari	4: Report if You Own or	Have Any	Hazardo	ous Property or Any Property That Needs Immediate Attention			
	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?			
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?  Number, Street, City, State & Zip Code			
				Number, Street, City, State & Zip Code			

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Debtor 1 Leticia T Shaw

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\_\_\_\_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Leticia T Shaw Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Leticia T Shaw Leticia T Shaw Signature of Debtor 2 Signature of Debtor 1 Executed on July 30, 2019 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Leticia T Shaw Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ James	T. Marasco	Date	July 30, 2019	
Signature of	f Attorney for Debtor		MM / DD / YYYY	
James T. I	Marasco			
Printed name	iviai asco			
Law Office	e of James T. Marasco			
617 Smith Providence	Street e, RI 02908			
Number, Street,	City, State & ZIP Code			
Contact phone	401-421-7500	Email address		
2370 RI				
Bar number & S	State		<del></del>	

	Case 1:1	9-bk-11217	Doc 1	Filed 07/31	-	Entered 07/31/19 16:	45:32	Desc Ma	ain
Fill in	this information	to identify your	case:						
Debto		ticia T Shaw							
Debto		t Name	Middle I	Name	Last	Name			
		t Name	Middle I	Name	Last	Name			
United	d States Bankrupt	cy Court for the:	DISTRICT	OF RHODE ISLAN	D				
Case (if know	number n)			_				Check if this amended fili	
	cial Form Imary of Yo		and Liab	ilities and C	erta	in Statistical Informat	tion	12/15	
inform	ation. Fill out al	of your schedule	s first; then	complete the info	rmatio	ogether, both are equally respon on on this form. If you are filing the top of this page.			
Part 1	Summarize	Your Assets							
								Your assets Value of what	t you own
		roperty (Official Fo Fotal real estate, fr		e A/B				\$	0.00
1	Ib. Copy line 62,	Total personal prop	perty, from So	chedule A/B				\$	10,460.00
1	Ic. Copy line 63,	Total of all property	on Schedul	e A/B				\$	10,460.00

Amount you owe

Your liabilities

- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D...

  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)
- 10,952.51
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F.....*3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F......*

Your total liabilities \$

28,129.40

39.081.91

### Part 3: Summarize Your Income and Expenses

#### Part 4: Answer These Questions for Administrative and Statistical Records

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
  - No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
  - Yes
- 7. What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Leticia T Shaw

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$	4,559.69
		1 -	

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Ouse	7 1.10 DK 11217	Document	Page 10 of 57		JCSO WAIT
Fill in this infor	mation to identify your ca	se and this filing:			
Debtor 1	Leticia T Shaw				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the: D	ISTRICT OF RHODE ISLAND			
Case number					☐ Check if this is an
					amended filing
Official Fo	orm 106A/B				
<b>Schedul</b>	e A/B: Prope	rty			12/15
information. If mor Answer every ques	re space is needed, attach a s stion. Each Residence, Building, L	as possible. If two married people eparate sheet to this form. On the and, or Other Real Estate You Overteest in any residence, building.	e top of any additional page		
■ No. Go to Par	rt ?				
Yes. Where i					
<b>—</b> 100. Whole i	is the property.				
Part 2: Describe	Your Vehicles				
Part 2. Describe	Tour vernicles				
3. Cars, vans, tr ☐ No ■ Yes	rucks, tractors, sport utilit	y vehicles, motorcycles			
-	Nissan	Who has an interest in th	e property? Check one	Do not deduct secured cla the amount of any secure	
	Altima	Debtor 1 only		Creditors Who Have Clair	ns Secured by Property.
Year: Approximat	<b>2014</b> te mileage: <b>1020</b> 0	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	anly	Current value of the entire property?	Current value of the portion you own?
Other infor		At least one of the debt		ommo proporty	<b>,</b>
		Check if this is comm	unity property	\$8,000.00	\$8,000.00
Examples: Boa  No  Yes  S Add the dolla pages you ha  Part 3: Describe	ats, trailers, motors, persona ar value of the portion you ave attached for Part 2. W	s and other recreational vehical watercraft, fishing vessels, snown for all of your entries frite that number here	rom Part 2, including any	entries for	\$8,000.00 Current value of the
				-	oortion you own? Oo not deduct secured

Official Form 106A/B Schedule A/B: Property page 1

claims or exemptions.

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D	Debtor 1 Leticia T S	haw Case number (if known)	own)
6.	Household goods and Examples: Major applic	d furnishings ances, furniture, linens, china, kitchenware	
	Yes. Describe		
		Living room set	\$400.00
		<u> </u>	
		Kitchen set	\$150.00
		3 Bedroom sets	\$300.00
_		- Desired	
		Miscellaneous household goods and furnishings, etc no one item more than \$200 in value	\$1,000.00
7.		and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mu ell phones, cameras, media players, games	sic collections; electronic devices
		Television set	\$100.00
10	musical ins  No Yes. Describe  No: Firearms Examples: Pistols, rif No Yes. Describe  Clothes Examples: Everyday	tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; can	oes and kayaks; carpentry tools;
	□ No ■ Yes. Describe		
		Clothing	\$200.00
12	2. <b>Jewelry</b> Examples: Everyday □ No ■ Yes. Describe	jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ger	ns, gold, silver
		Jewelry	\$200.00
13	8. <b>Non-farm animals</b> Examples: Dogs, cate	s, birds, horses	

☐ Yes. Describe.....

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Case number (if known) Document Debtor 1 Leticia T Shaw 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,350.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash \$10.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... \$100.00 Checking account Santander Bank 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

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Debtor 1	Leticia T S	Shaw			Case num	nber (if known)	
☐ Yes	S	Issuer name and	d description				
		ation IRA, in an a 1), 529A(b), and 5		qualified ABLE prog	ram, or under a qualified sta	te tuition progra	m.
	S	Institution name	and descript	ion. Separately file the	records of any interests.11 U.	S.C. § 521(c):	
■ No		future interests		(other than anything	listed in line 1), and rights o	r powers exercis	sable for your benefit
Exan ■ No	mples: Internet o		ebsites, proc	and other intellectual eeds from royalties and			
Exan ■ No	nples: Building	es, and other gen permits, exclusive information abou	licenses, co	bles operative association h	noldings, liquor licenses, profe	ssional licenses	
Money o	r property owe	ed to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No □ Yes  29. Famil Exam ■ No	ly support	information about	·	,	ly filed the returns and the tax		tlement
■ No □ Yes  31. Intere	<ul> <li>☐ Yes. Give specific information</li> <li>31. Interests in insurance policies         Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance     </li> </ul>						
■ Yes	s. Name the ins	urance company Compan		y and list its value.	Beneficiary:		Surrender or refund value:
		Term li	fe insuran	ce - \$25,000.00			\$0.00
If you some No □ Yes 33. Claim Exam	u are the beneficence has died.  S. Give specificens against thire	ciary of a living true information  d parties, whethered is a management dispense of the control of the contr	ust, expect p		rance policy, or are currently or made a demand for paymon sue		property because

Official Form 106A/B Schedule A/B: Property page 4

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Case number (if known) Document Debtor 1 Leticia T Shaw 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$110.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00

Part	t 8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$8,000.00		
57.	Part 3: Total personal and household items, line 15	\$2,350.00		
58.	Part 4: Total financial assets, line 36	\$110.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$10,460.00	Copy personal property total	\$10,460.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$10,460.00

Official Form 106A/B Schedule A/B: Property page 5 Case 1:19-bk-11217 Doc 1 Filed 07/31/19 Entered 07/31/19 16:45:32 Desc Main

		17/1/11111		
Fill in this infor	mation to identify your	case:		
Debtor 1	Leticia T Shaw			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF RHODE	SLAND	
Case number				
(if known)				☐ Check if this is an amended filing
				aoridod illing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

Tyou are claiming state and federal nonbankruptcy exemptions 11 U.S.C. § 522(b)(3)

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property	' You Claim as Exempt
-------------------------------	-----------------------

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)								
2.	For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		ount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Check only one box for each exemption.					
	2014 Nissan Altima 102000 miles Line from Schedule A/B: 3.1	\$8,000.00		\$0.00	11 U.S.C. § 522(d)(2)			
	Ellie Holli Galledale AVD. GT			100% of fair market value, up to any applicable statutory limit				
	Living room set Line from Schedule A/B: 6.1	\$400.00		\$400.00	11 U.S.C. § 522(d)(3)			
	Line Holli Schedule PAB. 0.1			100% of fair market value, up to any applicable statutory limit				
	Kitchen set Line from Schedule A/B: 6.2	\$150.00		\$150.00	11 U.S.C. § 522(d)(3)			
	Line Ironi Scriedule A/B. 0.2			100% of fair market value, up to any applicable statutory limit				
	3 Bedroom sets Line from Schedule A/B: 6.3	\$300.00		\$300.00	11 U.S.C. § 522(d)(3)			
	Ellie Holli Galledale A/D. G.G			100% of fair market value, up to any applicable statutory limit				
	Miscellaneous household goods and furnishings, etc no one item more	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)			
	than \$200 in value Line from Schedule A/B: 6.4			100% of fair market value, up to any applicable statutory limit				

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Television set Line from Schedule A/B: 7.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)
	Elife Hoff Genedale PAB.			100% of fair market value, up to any applicable statutory limit	
	Clothing Line from Schedule A/B: 11.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(3)
	Line Holli Golledale PAB. 1111			100% of fair market value, up to any applicable statutory limit	
	Jewelry Line from Schedule A/B: 12.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(4)
	Line Hotti Schedule A/D. 12.1			100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B: 16.1	\$10.00		\$10.00	11 U.S.C. § 522(d)(5)
	Elle Holli Goriodale 772. 1611			100% of fair market value, up to any applicable statutory limit	
	Checking account: Santander Bank Line from Schedule A/B: 17.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)
	Elle Holli Goriodale 772. TTT			100% of fair market value, up to any applicable statutory limit	
	Term life insurance - \$25,000.00 Line from Schedule A/B: 31.1	\$0.00		\$0.00	11 U.S.C. § 522(d)(7)
	Elife Hoff Genedale PAB. GTT			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every			led on or after the date of adjustme	nt.)
	■ No				
	☐ Yes. Did you acquire the property covere	ed by the exemption wi	ithin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

Ca	ase 1:19-bk-11217	7 Doc 1 Filed 07/3 Document		ered 07/31/19 1 7 of 57	L6:45:32 Des	c Main
Fill in this ir	nformation to identify you		1 7111. 17	()1 .)7		
Debtor 1	Leticia T Shaw First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United State	s Bankruptcy Court for the	DISTRICT OF RHODE ISLA	AND			
Case numbe	er				_	c if this is an ded filing
	orm 106D lle D: Creditors	Who Have Claim	s Secure	d by Propert	V	12/15
Be as complet	te and accurate as possible. by the Additional Page, fill it	If two married people are filing too out, number the entries, and attac	gether, both are eq	ually responsible for su	upplying correct information	
. Do any cred	litors have claims secured by	y your property?				
☐ No. C	Check this box and submit t	his form to the court with your of	ther schedules. Ye	ou have nothing else t	o report on this form.	
Yes.	Fill in all of the information	below.				
Part 1: Li	ist All Secured Claims					
2. List all sec	ured claims. If a creditor has i	more than one secured claim, list the	e creditor separately	Column A	Column B	Column C
for each claim	. If more than one creditor has	s a particular claim, list the other credical order according to the creditor's	ditors in Part 2. As	Amount of claim  Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Credit	t Acceptance	Describe the property that secu	res the claim:	\$10,952.51	\$8,000.00	\$2,952.51
Creditor's	s Name	2014 Nissan Altima 1020	00 miles			
	5 W 12 Mile Ifield, MI 48034	As of the date you file, the claim apply.	is: Check all that			
Number,	Street, City, State & Zip Code	☐ Unliquidated				
Who owes th	he debt? Check one.	☐ Disputed  Nature of lien. Check all that app	oly.			
Debtor 1 o	nlv	☐ An agreement you made (such		cured		
Debtor 2 o	•	car loan)				
Debtor 1 a	nd Debtor 2 only	☐ Statutory lien (such as tax lien,	mechanic's lien)			
At least on	e of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if tl communi	his claim relates to a ity debt	Other (including a right to offse	Lein Holde	r		
	2016-presen		0000			
Date debt wa	s incurred t	Last 4 digits of account r	number 9630			

Add the dollar value of your entries in Column A on this page. Write that number here: \$10,952.51

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$10,952.51

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Fill in this in	formation to identify your o		Fau <del>c</del> 1	8 01.37		
Debtor 1	Leticia T Shaw					
DODIO! !	First Name	Middle Name	Last Name			
Debtor 2	- AN	NELU N				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	DISTRICT OF RHODE ISI	_AND			
Case number	r					
(if known)						Check if this is an
					a	mended filing
Official Fo	orm 106E/F					
	E/F: Creditors W	ho Have Unsecur	ed Claims			12/15
	and accurate as possible. Us			Dort 2 for avaditors with	NONDDIODITY ala:	
Schedule D: Cr left. Attach the name and case	cecutory Contracts and Unexpi editors Who Have Claims Sect Continuation Page to this pag number (if known).	ured by Property. If more space e. If you have no information t	e is needed, copy	the Part you need, fill it o	out, number the en	tries in the boxes on the
	st All of Your PRIORITY Un					
_ ′	editors have priority unsecured	a ciaims against you?				
■ No. Go	to Part 2.					
☐ Yes.						
Part 2: Lis	st All of Your NONPRIORIT	Y Unsecured Claims				
3. Do any cro	editors have nonpriority unsec	ured claims against you?				
☐ No. Yo	u have nothing to report in this pa	art. Submit this form to the court	with your other sch	edules.		
Yes.						
unsecured	your nonpriority unsecured cla claim, list the creditor separately reditor holds a particular claim, li	for each claim. For each claim	listed, identify what	type of claim it is. Do not li	st claims already inc	cluded in Part 1. If more
ruit 2.						Total claim
	lay Card	Last 4 digits o	f account number	1183		\$1,648.00
•	riority Creditor's Name  3 ox 8801	When was the	debt incurred?	2016		
	nington, DE 19899	which was the	debt illculred :	2010		-
	er Street City State Zip Code	As of the date	you file, the claim	is: Check all that apply		
Who	incurred the debt? Check one.					
■ De	ebtor 1 only	☐ Contingent				
□ De	ebtor 2 only	☐ Unliquidated	i			
□ De	ebtor 1 and Debtor 2 only	☐ Disputed				
☐ At	least one of the debtors and and	11101	RIORITY unsecure	d claim:		
	neck if this claim is for a comm	-				
debt	claim subject to offset?	☐ Obligations report as priorit		aration agreement or divor	ce that you did not	
_	•		•	ng plans, and other similar	dehts	
■ No		•	: Credit card		ucuis	
LIYe	20	Other Spee	:€/ Credit card			

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Debto	or 1 Leticia T Shaw	Case number (if known)	
4.2	Capital One	Last 4 digits of account number 4922	\$2,857.77
	Nonpriority Creditor's Name	When we the debt incorred? 4000	
	P.O. Box 30281 Salt Lake City, UT 84130	When was the debt incurred? 1999	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card	
4.3	Capitol One*	Last 4 digits of account number	\$251.00
	Nonpriority Creditor's Name PO Box 85015 Richmond, VA 23285	When was the debt incurred? 2017-19	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card	
4.4	Cash Central	Last 4 digits of account number 3789	\$2,263.00
	Nonpriority Creditor's Name	When was the debt incorred? 2017	
	6785 Bobcat Way Dublin, OH 43016	When was the debt incurred? 2017	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Loan	

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Debt	or 1 Leticia T Shaw		Case number (if known)	
4.5	Cash Central	Last 4 digits of account number	4430	\$635.00
	Nonpriority Creditor's Name PO Box 3544	When was the debt incurred?	2017	
	Dublin, OH 43016	When was the dest mounted.	2017	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	og plans, and other similar debts	
	Yes	Other. Specify Loan		
4.6	Citizens Bank	Last 4 digits of account number	9425	\$491.00
1.0	Nonpriority Creditor's Name			Ψ-51.00
	1000 Lafayette Blvd Bridgeport, CT 06604	When was the debt incurred?	2016-19	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit card	<u> </u>	
4.7	Citizens Bank	Last 4 digits of account number	8063	\$1.07
	Nonpriority Creditor's Name		4000	
	PO Box 42023 Providence, RI 02940	When was the debt incurred?	1999	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	

☐ Yes

Other. Specify Fees

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Leticia T Shaw	Case number (if known)	
Citizens Bank	Last 4 digits of account number 2018	\$2,072.31
Nonpriority Creditor's Name PO Box 42023	When was the debt incurred? 1096	
Providence, RI 02940  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did report as priority claims	d not
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Fees	
Citizens Bank*	Last 4 digits of account number 9349	\$380.00
Nonpriority Creditor's Name One Citizens Plaza Providence, RI 02903	When was the debt incurred? 2012-18	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did report as priority claims	d not
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Fees	
Credit One Bank	Last 4 digits of account number 2846	\$641.00
Nonpriority Creditor's Name 6801 S Cimarron Road	When was the debt incurred? 2017	
Las Vegas, NV 89113	<u></u>	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did	i not
Is the claim subject to offset?	report as priority claims	
No No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other Specify Credit card	

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Case number (if known) Document Debtor 1 Leticia T Shaw 4.1 **Credit One Bank** 1164 \$807.79 Last 4 digits of account number Nonpriority Creditor's Name 6801 S Cimarron Road When was the debt incurred? 2017 Las Vegas, NV 89113 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit card 4.1 Flex Shopper 1666 \$970.84 Last 4 digits of account number Nonpriority Creditor's Name 2700 N. Military Trail Ste 200 When was the debt incurred? 2018 Boca Raton, FL 33431 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card ☐ Yes 4.1 Flex Shopper 7152 \$216.64 Last 4 digits of account number Nonpriority Creditor's Name 2700 N. Military Trail Ste 200 When was the debt incurred? 2018 Boca Raton, FL 33431 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify Credit card

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

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■ No
□ Yes

■ Other. Specify Lease

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts Case 1:19-bk-11217 Doc 1 Filed 07/31/19 Entered 07/31/19 16:45:32 Desc Main

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Case number (if known) Document Debtor 1 Leticia T Shaw 4.1 Speedy Cash 0001 \$828.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 101928 When was the debt incurred? 2013 **Dept 2280** Birmingham, AL 35210 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Loan 4.1 St. Rosa Lima 5415 \$2,590.00 Last 4 digits of account number 8 Nonpriority Creditor's Name **Facts Management** 2015-16 When was the debt incurred? 121 S 13th Street, Ste. 301 Lincoln, NE 68508 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Tuition ☐ Yes 4.1 T-Mobile 0271 \$1,356.00 Last 4 digits of account number 9 Nonpriority Creditor's Name PO Box 742596 When was the debt incurred? 2017 Cincinnati, OH 45274 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans

debt

■ No

☐ Yes

■ Other. Specify Services

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

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Debto	or 1 Leticia T Shaw	——————————————————————————————————————	Case number (if known)				
4.2 0	Verizon Wireless Southeast	Last 4 digits of account number	1183	\$1,778.00			
	Nonpriority Creditor's Name PO Box 26055 National Recovery Dept M.S. #4	When was the debt incurred?	2017-18				
	Minneapolis, MN 55426  Number Street City State Zip Code	 As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , ,	or o				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	$\square$ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Services					
4.2	Verizon*	Last 4 digits of account number	1183	\$1,519.00			
	Nonpriority Creditor's Name  Bankruptcy Adminnistration  500 Technology Drive, Ste. 550	When was the debt incurred?	2017-18				
	Weldon, MO 63304  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	•					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	Type of NONPRIORITY unsecured claim:				
	$\square$ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims					
	■ No	Debts to pension or profit-sharin					
	Yes	Other. Specify Services					
4.2	Westfield Commons - First Real	Last 4 digits of account number	0078	\$1,520.00			
	Nonpriority Creditor's Name 1 Richmond Square Providence, RI 02906	When was the debt incurred?	2015				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Services					

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Leticia i Snaw		Case number (if known)	
Name and Address AD Astra Recovery 7330 W 33'rd Street Wichita, KS 67205	On which entry in Part 1 or Part 2 Line 4.17 of (Check one):  Last 4 digits of account number	did you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address AmSher Collection Services, In 4524 Southlake Parkway Suite 15 Birmingham, AL 35244	On which entry in Part 1 or Part 2 Line 4.19 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Associated Credit 115 Flanders Road Suite 140 Westborough, MA 01581	On which entry in Part 1 or Part 2 Line 4.9 of (Check one):	did you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Cash Central 84 East 2400 North Logan, UT 84341	On which entry in Part 1 or Part 2 Line 4.4 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Credit Collection Services* PO Box 607 Norwood, MA 02062	On which entry in Part 1 or Part 2 Line 4.15 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address DDA Recovery 1 Citizens Bank Way Johnston, RI 02919	On which entry in Part 1 or Part 2 Line 4.7 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address DDA Recovery 1 Citizens Bank Way Johnston, RI 02919	On which entry in Part 1 or Part 2 Line 4.8 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address DFS Acceptance 51 Charles Linnberch Blvd Uniondale, NY 11553	On which entry in Part 1 or Part 2 Line 4.4 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Global Credit Collections 5440 N Cumberland Avenue Suite 300 Chicago, IL 60656	On which entry in Part 1 or Part 2 Line 4.8 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Hodosh Lyon and Hammer Ltd 41 Comstock Parkway Cranston, RI 02921	On which entry in Part 1 or Part 2 Line 4.11 of (Check one): Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Howard L Schiff Esquire 510 Tolland Street East Hartford, CT 06218	On which entry in Part 1 or Part 2 Line 4.2 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	

Official Form 106 E/F

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Debtor 1 Leticia T Shaw		Case number (if known)
LVNV Funding PO Box 390846	Line <b>4.11</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Minneapolis, MN 55439	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	,
Maury Cobb Attorney 301 Beacon Parkway W Ste 100	Line <u><b>4.19</b></u> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Birmingham, AL 35209	Last 4 digits of account number	- Part 2. Creditors with Nonphority Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?
Mercury Card FB&T	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
700 22nd Avenue South Brookings, SD 57006		■ Part 2: Creditors with Nonpriority Unsecured Claims
2.00go, 02 0.000	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	
National Credit Adjuster 327 W 4th Avenue	Line 4.4 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Hutchinson, KS 67501		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	
NCA PO Box 550327	Line 4.4 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
W Fourth Street		■ Part 2: Creditors with Nonpriority Unsecured Claims
Hutchinson, KS 67504	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	d you liet the original creditor?
NCC Business Services Inc	Line 4.22 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
9428 Baymeadows Road #300		Part 2: Creditors with Nonpriority Unsecured Claims
Suite 300 Jacksonville, FL 32256		
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 di	,
Portfolio Recovery Assoc LLC Dept. 922	Line 4.2 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
PO Box 4115		■ Part 2: Creditors with Nonpriority Unsecured Claims
Concord, CA 94524		
	Last 4 digits of account number	

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	01	Or to other	01	Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 28,129.40

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Total Nonpriority. Add lines 6f through 6i.

6j. \$ 28,129.40 Case 1:19-bk-11217 Doc 1 Filed 07/31/19 Entered 07/31/19 16:45:32 Desc Main

		1211111		
Fill in this infor	mation to identify your	case:		
Debtor 1	Leticia T Shaw			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF RHODE	SLAND	
Case number				<b>–</b> 01 1 1 1 1 1 1 1
(if known)				☐ Check if this is an amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the or, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
	•				

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		Docume	nt Page 30 o	<u>f 57</u>
Fill in this	information to identify your	case:		
Debtor 1	Leticia T Shaw			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name	
United Sta	tes Bankruptcy Court for the:	DISTRICT OF RHODE I	SLAND	
Case numb	ber			
(if known)				☐ Check if this is an
				amended filing
Official	l Form 106H			
		lahtara		
Schea	ule H: Your Cod	eptors		12/15
	and case number (if known you have any codebtors? (If	, ,		as a codebtor.
■ No □ Yes	;			
	hin the last 8 years, have you a, California, Idaho, Louisiana			y? (Community property states and territories include ngton, and Wisconsin.)
	Go to line 3.  Did your spouse, former spo	use, or legal equivalent live	with you at the time?	
in line Form out Co	2 again as a codebtor only 106D), Schedule E/F (Officia olumn 2. Column 1: Your codebtor	if that person is a guaran I Form 106E/F), or Sched	tor or cosigner. Make s	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fil
1	Name, Number, Street, City, State and Z	IP Code		Check all schedules that apply:
3.1				☐ Schedule D, line
	Name			☐ Schedule E/F, line
				☐ Schedule G, line
-	Number Street			_
	City	State	ZIP Code	
3.2				☐ Schedule D, line
	Name			Schedule E/F, line
				☐ Schedule G, line
_	Number Street			_
	City	State	ZIP Code	

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EIII	in this information to identify your ca	350.								
	otor 1 Leticia T Sh									
	otor 2									
Uni	ted States Bankruptcy Court for the	: DISTRICT OF RHOD	E ISLAND							
(If kr	fficial Form 106l					☐ An a ☐ A si 13 i	income a	d filing ent showing p as of the follo		
_	chedule I: Your Inc	omo				MM	1 / DD/ Y	YYY		12/15
sup spo atta Par	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment	are married and not filing w	ng jointly, and yo ith you, do not ir	our spouse iclude info	is liv mati	ing with yo	ou, inclu our spo	ude informations	tion about space is	your needed,
1.	information.		Debtor 1				Debtor 2	or non-filin	g spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed  □ Not employed				☐ Employed ☐ Not employed			
	Include part-time, seasonal, or self-employed work.	Occupation Employer's name	The Miriam I	lopsital						
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here? 3 we	eeks			_			
Pai	Give Details About Mor	nthly Income								
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing	to report fo	any	line, write \$	30 in the	space. Inclu	de your no	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the inform	ation for all	empl	oyers for th	at perso	n on the line	s below. If	you need
						For Debto	or 1	For Debto		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2,7	73.33	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	

2,773.33

N/A

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Leticia T Shaw	_	Case	number (if known)			
				For	Debtor 1		btor 2 or	
	0	u line A hans	4	Ф.	0.770.00		ing spouse	
	Сор	y line 4 here	4.	\$_	2,773.33	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	329.42	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A	
	5g.	Union dues	5g.	\$_	0.00	\$	N/A	
	5h.	Other deductions. Specify: Dental	5h.+		62.12		N/A	
		Supp Life	_	\$_	11.51	\$	N/A	
		Fidl 401K	_	\$_	166.40	\$	N/A	
		Legal	_	\$_	18.20	\$	N/A	
		Child Life	_	\$_	1.93	\$	N/A	
6	۸ ماما	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5q+5h.		· —		· · · · · · ·		
6.			6.	\$_	589.58	\$	N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,183.75	\$	N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business,						
		profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total	90	æ	0.00	¢	NI/A	
	Oh	monthly net income.  Interest and dividends	8a. 8b.	\$_ \$	0.00	\$	N/A N/A	
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent		Φ_	0.00	Φ	N/A	
	oc.	regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$	154.80	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive						
		Include cash assistance and the value (if known) of any non-cash assistance	е					
		that you receive, such as food stamps (benefits under the Supplemental						
		Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	— 8g.	\$_	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h.+	· -	0.00	·	N/A	
	011.		_ ''''	Ψ_	0.00	΄ Ψ		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	154.80	\$	N/A	
			_					
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		2,338.55 + \$	1	N/A = \$ 2	,338.55
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	-		-   -			,
11	Stat	e all other regular contributions to the expenses that you list in Schedule						
		ide contributions from an unmarried partner, members of your household, your		dents	. vour roommates	and		
		r friends or relatives.	•		, ,	•		
	Do r	ot include any amounts already included in lines 2-10 or amounts that are not	availab	le to p	oay expenses list	ed in <i>Sch</i>	edule J.	
	Spe	cify:					11. +\$	0.00
10	۸ ما ما	the amount in the last column of line 10 to the amount in line 11. The res	oult io th	0 00-	ahinad maathly is	come		
12.		e that amount on the Summary of Schedules and Statistical Summary of Certa						
	appl		iiii Liabii	11100	and Rolated Bata	,	12. <b>\$</b> 2	,338.55
							Combine	d
							monthly i	
13.	Do y	ou expect an increase or decrease within the year after you file this form	1?				·	
		No.						
		Yes. Explain:			<del></del>			

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Fill	in this informa	tion to identify yo	ur casa.							
						CI		if alsia in		
Deb	tor 1	Leticia T Sha	ıw					if this is: n amended filing		
Deb	tor 2						-	•	ving postpetition chapt	ter
(Spo	ouse, if filing)					_	13	B expenses as of	the following date:	
Unit	ed States Bankr	uptcy Court for the:	DISTRI	CT OF RHODE ISLAND			MI	M / DD / YYYY		
Cas	e number									
l	nown)									
Of	fficial Fo	rm 106J								
Sc	chedule	J: Your I	Exper	ISAS					4	12/15
Be info	as complete a ormation. If m mber (if know	and accurate as ore space is nee n). Answer ever	possible eded, atta y questio	. If two married people a ch another sheet to this					or supplying correct	
		ibe Your House	hold							
1.	Is this a join									
	■ No. Go to			-4- bb-1-10						
	_	s Debtor 2 live i	n a separ	ate nousehold?						
	□ No		t file Offici	al Form 106J-2, <i>Expense</i>	es for Separate House	ehold of D	ebtor	2.		
2.	Do you have	e dependents?	□ No							
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	
	Do not state	tha							□ No	
	dependents				Son			8	■ Yes	
	•								□ No	
					Son			17	■ Yes	
									□ No	
									☐ Yes	
									□ No	
									☐ Yes	
3.	expenses of yourself and	enses include f people other th d your depender ate Your Ongoir	nan nts?	No Yes						
Est exp	imate your ex	penses as of yo	our bankr	uptcy filing date unless y is filed. If this is a sup						
the		n assistance and		government assistance cluded it on <i>Schedule I:</i>				Your expe	enses	
4.	The rental o	r home ownersl	hip expen	ses for your residence.	Include first mortgage	= e				
	payments an	d any rent for the			5.5	4.	\$_		975.00	
	If not includ					_				
		state taxes	or root-	'a incurance		4a.			0.00	
	•	rty, homeowner's maintenance, re		's insurance ipkeep expenses		4b. 4c	\$ -		0.00 50.00	
		owner's associati				4d.	- : -		0.00	
5.				our residence, such as h	ome equity loans		\$ -		0.00	

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Deb	otor 1	Leticia T Shaw	Case num	ber (if known)	
6.	Utiliti	ies:			
-	6a.	Electricity, heat, natural gas	6a.	\$	550.00
	6b.	Water, sewer, garbage collection	6b.	\$	0.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	310.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	and housekeeping supplies		\$	580.00
8.		care and children's education costs	8.	\$	40.00
9.	Cloth	ning, laundry, and dry cleaning	9.	\$	120.00
10.	Perso	onal care products and services	10.	\$	165.00
		cal and dental expenses	11.	\$	20.00
		sportation. Include gas, maintenance, bus or train fare.		·	
		ot include car payments.	12.	\$	290.00
13.	Enter	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	86.00
14.	Chari	itable contributions and religious donations	14.	\$	0.00
15.	Insur	ance.			
		ot include insurance deducted from your pay or included in lines 4 or 20.			
	15a.	Life insurance	15a.	*	0.00
	15b.	Health insurance	15b.	\$	0.00
	15c.	Vehicle insurance	15c.	\$	101.00
	15d.	Other insurance. Specify:	15d.	\$	0.00
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Speci	ify: car taxes	16.	\$	30.00
17.		Ilment or lease payments:			
		Car payments for Vehicle 1	17a.	· ·	419.63
		Car payments for Vehicle 2	17b.	\$	0.00
		Other. Specify:	17c.	\$	0.00
		Other. Specify:	17d.	\$	0.00
18.		payments of alimony, maintenance, and support that you did not report as	40	Φ.	0.00
40		cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	
19.		r payments you make to support others who do not live with you.	40	\$	0.00
00	Speci	·	19.	<b>.</b>	
20.		r real property expenses not included in lines 4 or 5 of this form or on Schell Mortgages on other property	<i>auie I: Yo</i> 20a.		0.00
		Real estate taxes	20a. 20b.		0.00 0.00
				· -	
		Property, homeowner's, or renter's insurance	20c. 20d.		0.00
		Maintenance, repair, and upkeep expenses		·	0.00
		Homeowner's association or condominium dues	20e.	·	0.00
21.	Othe	r: Specify:	21.	+\$	0.00
22.	Calcu	ulate your monthly expenses			
		Add lines 4 through 21.		\$	3.736.63
		Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	<u> </u>
		Add line 22a and 22b. The result is your monthly expenses.		\$	3,736.63
	220.7	add into 22d and 22b. The result is your monthly expenses.		Ψ	3,730.03
23.	Calcu	ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,338.55
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,736.63
	23c.	Subtract your monthly expenses from your monthly income.		•	-1,398.08
		The result is your <i>monthly net income</i> .	23c.	\$	-1,396.06
	_				
24.		ou expect an increase or decrease in your expenses within the year after yo tample, do you expect to finish paying for your car loan within the year or do you expect your			use or decrease because of a
		cation to the terms of your mortgage?	mortgage	рауппени ю тисгеа	ise of decrease because of a
	■ No	, 5 5			

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Fill in thi	s information to identify you	r case:			
Debtor 1	Leticia T Shaw				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fi	iling) First Name	Middle Name	Last Name		
	G,				
United St	ates Bankruptcy Court for the:	DISTRICT OF RHODE I	ISLAND		
Case nun	nber				
(if known)					
					amended filing
Officia!	Form 106Dec				
	aration About	an Individual	Debtor's Sci	hedules	12/15
		<u> </u>	<b>D O O O O O O O O O O</b>	1044100	12/13
if two ma	rried people are filing togeth	er, both are equally respor	nsible for supplying corre	ect information.	
You must	file this form whenever you	file bankruptcy schedules	or amended schedules.	Making a false statement, co	oncealing property, or
obtaining	money or property by fraud	in connection with a bank			
years, or	both. 18 U.S.C. §§ 152, 1341,	1519, and 3571.			
	<u></u>				
	Sign Below				
D:4	you pay or agree to pay som	econo veho io NOT on ottor	nov to holy you fill out he	unkarrator formo 2	
Dia	you pay or agree to pay som	eone who is NOT an attor	ney to help you fill out ba	inkruptcy forms?	
_	No				
_	Yes. Name of person			Attach <i>Bankruptcy P</i>	etition Preparer's Notice,
□	Yes. Name of person				etition Preparer's Notice, nature (Official Form 119)
_	Yes. Name of person				
_		e that I have read the sum	mary and schedules filed	Declaration, and Sign	
Unde	Yes. Name of person  er penalty of perjury, I declare they are true and correct.	e that I have read the sum	mary and schedules filed	Declaration, and Sign	
Unde that	er penalty of perjury, I declare they are true and correct.	e that I have read the sum	•	Declaration, and Sign	
Unde that	er penalty of perjury, I declare	e that I have read the sum	mary and schedules filed  X  Signature of D	Declaration, and Sign	
Unde that	er penalty of perjury, I declare they are true and correct. 's/ Leticia T Shaw	e that I have read the sum	x	Declaration, and Sign	

# Case 1:19-bk-11217 Doc 1 Filed 07/31/19 Entered 07/31/19 16:45:32 Desc Main Document Page 36 of 57

Fill in	this informa	tion to identify you	r case:			
Debto	r 1	Leticia T Shaw First Name	Middle Name	Last Name		
Debto						
(Spouse	e if, filing)	First Name	Middle Name	Last Name		
United	d States Bank	ruptcy Court for the:	DISTRICT OF RHODE IS	SLAND		
Case i	number				-	Check if this is an amended filing
Stat	complete an	of Financial A		are filing together, both are	equally responsible for sup	
	er (if known).	Answer every ques			y additional pages, write yo	ur name and case
1. W	/hat is your c	urrent marital statu	ıs?			
	<b>]</b> Married					
	Not marrie	ed				
2. D	uring the las	t 3 years, have you	lived anywhere other than	where you live now?		
	] No					
	Yes. List a	all of the places you I	ived in the last 3 years. Do no	ot include where you live now	I.	
C	Debtor 1 Prio	r Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
	25 Parade R Varwick, RI		From-To: <b>2013-2017</b>	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
	and territories  No Yes. Make	include Arizona, Ca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	ity property state or territor ico, Texas, Washington and V	
Fi	II in the total a	amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
		the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		current year until for bankruptcy:	■ Wages, commissions, bonuses, tips	\$28,733.33	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Case number (if known)

Debtor 1 Leticia T Shaw

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
	last calen	dar year: December	31, 2018 )	■ Wages, commissions, bonuses, tips	\$49,225.00	☐ Wages, combonuses, tips	ımissions,	
				☐ Operating a business		☐ Operating a	business	
		lar year be December		■ Wages, commissions, bonuses, tips	\$41,664.00	☐ Wages, combonuses, tips		
				☐ Operating a business		☐ Operating a	business	
	and other winnings. I  List each s  No	oublic benef f you are fili	it payments;   ng a joint cas he gross inco	er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separa	rest; dividends; money collectyou received together, list it o	ted from lawsuits; nly once under De	royalties; and ebtor 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
		1 of currei iled for bar	nt year until kruptcy:	2018 Tax refund	\$3,088.00			
	last calen	dar year: December	31, 2018 )	2017 Tax refund	\$3,248.00			
Par	t 3: List	Certain Pa	yments You	Made Before You Filed for	Bankruptcy			
6.	Are either □ No.	Neither De	ebtor 1 nor D	s debts primarily consume ebtor 2 has primarily consu personal, family, or househo	ımer debts. Consumer debts	s are defined in 11	U.S.C. § 101	(8) as "incurred by an
			-	re you filed for bankruptcy, di	d you pay any creditor a total	l of \$6,825* or mo	re?	
		□ No.	Go to line 7					
		Yes	paid that cre not include	ach creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/22 and every 3 year	nts for domestic support oblig his bankruptcy case.	ations, such as ch	nild support a	nd alimony. Also, do
	■ Yes.	Debtor 1 c	or Debtor 2 o	r both have primarily consure you filed for bankruptcy, di	ımer debts.			
		□ <sub>No.</sub>	Go to line 7					
		■ Yes	List below e	ach creditor to whom you pai ments for domestic support o this bankruptcy case.				
	Creditor's	s Name and	d Address	Dates of payme	ent Total amount	Amount you still owe	Was this p	ayment for

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Dobtor 1	Leticia T Shaw	
Debioi i	i encia i snaw	

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this p	ayment for
	Credit Acceptance 255505 W 12 Mile Southfield, MI 48034	Monthly	\$419.63	\$10,952.51	☐ Mortgag ■ Car ☐ Credit C ☐ Loan Re ☐ Supplier ☐ Other	ard payment s or vendors
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen a control, or owner of 20% o	eral partners; partners of their voting	erships of which y	ou are a gener any managing a	al partner; corporations agent, including one for
	<ul><li>No</li><li>Yes. List all payments to an insider.</li></ul>					
	☐ Yes. List all payments to an insider.  Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
	insider? Include payments on debts guaranteed or cos  ■ No □ Yes. List all payments to an insider	signed by an insider.				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment ditor's name
Par	t 4: Identify Legal Actions, Repossession	ns. and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.	cy, were you a party in an				
	Case title Case number	Nature of the case	Court or agency		Status of the	ne case
	Credit One Bank / LVNV Funding LLC Vs. Leticia Shaw 3CA-2018-0238	Collection	State of Rhode Island Sixth Division District Court One Dorrance Street Providence, RI 02903  Pendin  On app Conclu		eal	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, f	oreclosed, garn	ished, attache	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Date	•	Value of the
		Explain what happened				property

Case 1:19-bk-11217 Doc 1 Filed 07/31/19 Entered 07/31/19 16:45:32 Desc Main Page 39 of 57 Case number (if known) Document Debtor 1 Leticia T Shaw 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of

**Address** 

Email or website address

transferred

payment

Person Who Made the Payment, if Not You

or transfer was

made

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Case number (if known)

Debtor 1 Leticia T Shaw

17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you No Yes. Fill in the details.	rs or to make payments			r transfer any prope	erty to anyone who
	Person Who Was Paid Address	Description and v	alue of any prop	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have already include yes. Fill in the details.	usiness or financial affa ade as security (such as t	nirs? he granting of a se		•	
	Person Who Received Transfer Address	Description and v			any property or received or debts change	Date transfer was made
19.	Person's relationship to you  Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro  ■ No □ Yes. Fill in the details.		y property to a se	elf-settled tru	ist or similar device	of which you are a
	Name of trust	Description and v	alue of the prope	erty transferre	ed	Date Transfer was made
	B: List of Certain Financial Accounts, Institution 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, association No	y, were any financial ac	counts or instrur	nents held in		, ,
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accoun instrument	clo mo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	wear before you filed for Who else had acc	ess to it?	safe deposit		Do you still have it?
22.	Have you stored property in a storage unit o  No Yes. Fill in the details.	State and ZIP Code)		ear before yo	u filed for bankrupt	1101 - 111
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe the (	contents	Do you still have it?

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Case number (if known)

Debtor 1 Leticia T Shaw

Pai	t 9: Identify Property You Hold or Control for	Someone Else				
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing fo	or, or hold in trust		
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value		
Pai	t 10: Give Details About Environmental Inform	ation				
For	the purpose of Part 10, the following definitions	apply:				
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	ir, land, soil, surface water, ground	- ·			
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law, whether you now own, operate,	or utilize it or used		
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or	mental law defines as a hazardous	s waste, hazardous substance, toxic	substance,		
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of wher	n they occurred.			
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	under or in violation of an environm	nental law?		
■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of any	release of hazardous material?				
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or admini	strative proceeding under any envi	ronmental law? Include settlements	and orders.		
	■ No □ Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case		
Pai	t 11: Give Details About Your Business or Con	nections to Any Business				
27.	Within 4 years before you filed for bankruptcy.	did you own a business or have an	ny of the following connections to an	v business?		
	☐ A sole proprietor or self-employed in a	•	,	.,		
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)					
	☐ A partner in a partnership					
	☐ An officer, director, or managing execu	tive of a corporation				
	An owner of at least 5% of the veting or	aquity congrition of a corporation				

Page 42 of 57 Case number (if known) Document Debtor 1 Leticia T Shaw No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Leticia T Shaw Signature of Debtor 2 Leticia T Shaw Signature of Debtor 1 Date July 30, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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☐ Yes. Name of Person

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Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

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Fill in this inform	ation to identify you	ır case:				
		ii ouse.				
Debtor 1	Leticia T Shaw First Name	Middle Name		Last Name	_	
Debtor 2					_	
(Spouse if, filing)	First Name	Middle Name		Last Name		
United States Ban	kruptcy Court for the	DISTRICT OF RHO	ODE ISLAND		_	
Case number						
(if known)						Check if this is an
						amended filing
Official For	m 108					
Statemen	t of Intenti	on for Indiv	iduals I	Filing Under Cha	pter 7	12/15
				9 0110101 01101		
If you are an indiv	idual filing under cl	napter 7, you must fill	out this form	if:		
creditors have	claims secured by	our property, or				
		and the lease has no				
	er is earlier, unless			eankruptcy petition or by the da se. You must also send copies		
	pple are filing togeth I date the form.	ner in a joint case, bot	h are equally	responsible for supplying corr	ect information.	Both debtors must
	nd accurate as poss ur name and case n		needed, attac	ch a separate sheet to this forn	າ. On the top of a	ny additional pages,
David Had Van	0 114 1411 - 11					
Part 1: List You	ur Creditors Who Ha	ave Secured Claims				
•	•	Part 1 of Schedule D:	Creditors Wh	no Have Claims Secured by Pro	perty (Official Fo	orm 106D), fill in the
information bell Identify the cred	ow. ditor and the property	that is collateral	What do yo	u intend to do with the propert	y that Did y	ou claim the property
			secures a d	ebt?	as ex	empt on Schedule C?
	edit Acceptance			r the property.	□ No	)
name:				e property and redeem it.	■ Ye	
Description of	2014 Nissan Alti	ma 102000		e property and enter into a ation Agreement.	<b>■</b> Ye	es .
property	miles			e property and [explain]:		
securing debt:						
Port 2: List Vo	ur Unovaired Borce	and Branarty Lagge				
		nal Property Leases lease that you listed i	in Schedule G	: Executory Contracts and Une	expired Leases (	Official Form 106G), fill
in the information	below. Do not list r	eal estate leases. Une	expired leases	s are leases that are still in effe es not assume it. 11 U.S.C. § 36	ct; the lease peri	od has not yet ended.
Describe your un	expired personal p	operty leases			Will the le	ase be assumed?
Lessor's name:					П.,	
Description of leas	sed				□ No	
Property:					☐ Yes	
Lance					_	
Lessor's name: Description of leas	sed				□ No	
Property:	,,,,				☐ Yes	
Lessor's name:					☐ No	

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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Debtor 1 Leticia T Shaw	Case number (if known)
Description of leased Property:	
Property.	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intentior property that is subject to an unexpired lease.	n about any property of my estate that secures a debt and any personal
X /s/ Leticia T Shaw	X
Leticia T Shaw	Signature of Debtor 2
Signature of Debtor 1	
Date <b>July 30, 2019</b>	Date

## Case 1:19-bk-11217 Doc 1 Filed 07/31/19 Entered 07/31/19 16:45:32 Desc Main Document Page 45 of 57

Fill in	this information to identify your case:				directed in this form and	d in Form
Debte	or 1 Leticia T Shaw		123	2A-1Supp:		
Debte	or 2			■ 1. There is no pres	sumption of abuse	
Unite	nd States Bankruptcy Court for the: District of Rhode	Island		applies will be	to determine if a presumade under <i>Chapter 7</i>	•
Case (if know	numberwn)				ficial Form 122A-2). t does not apply now b	ecause of
				qualified militar	y service but it could a	oply later.
Offi	icial Form 122A - 1			☐ Check if this is a	an amended filing	
	apter 7 Statement of Your Cu	rrent Mo	nthly Inc	ome		12/15
attach case n	complete and accurate as possible. If two married people a separate sheet to this form. Include the line number to unmber (if known). If you believe that you are exempted frowing military service, complete and file Statement of Exempted (Calculate Your Current Monthly Income	which the addition om a presumption	nal information a of abuse becau	applies. On the top of a se you do not have pri	ny additional pages, wri marily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check one or	nlv.				
	■ Not married. Fill out Column A, lines 2-11.	,.				
	☐ Married and your spouse is filing with you. Fill o	ut both Columns	A and B. lines	2-11.		
	☐ Married and your spouse is NOT filing with you.					
	☐ Living in the same household and are not lega	•	•	lumns A and B, lines	2-11.	
	☐ Living separately or are legally separated. Fill	out Column A, li	nes 2-11; do no	ot fill out Column B. B	y checking this box, yo	u declare under
	penalty of perjury that you and your spouse are living apart for reasons that do not include evadi	legally separated	d under nonban	kruptcy law that appl	es or that you and you	
10 <sup>-</sup> the	I in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-ne 6 months, add the income for all 6 months and divide the total puses own the same rental property, put the income from that property.	nonth period would Il by 6. Fill in the re	be March 1 throsult. Do not include	ugh August 31. If the am de any income amount n	ount of your monthly incornore than once. For examp	ne varied during ole, if both
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commission	ons (before all	\$	\$	
	<b>Alimony and maintenance payments.</b> Do not include Column B is filled in.	payments from	a spouse if	\$	\$	
	All amounts from any source which are regularly portion or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3.	t. Include regular d, your depende	r contributions nts, parents,	\$ 154.80	\$	
1	Net income from operating a business, profession,	or farm				
			otor 1			
	Gross receipts (before all deductions)	\$ 0.00				
	Ordinary and necessary operating expenses	-\$ 0.00	Copy here ->	\$ 0.00	\$	
	Net monthly income from a business, profession, or far Net income from rental and other real property	m \$	oopy nere >	Ψ <u>0.00</u>	Ψ	
6.	Net income from rental and other real property	Dek	otor 1			
	Gross receipts (before all deductions)	\$ 0.00				
	Ordinary and necessary operating expenses	-\$ 0.00				
	Net monthly income from rental or other real property	\$ 0.00	Copy here ->	\$	\$	
7.	Interest, dividends, and royalties			\$ 0.00	\$	

Official Form 122A-1

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Leticia T Shaw

Case number (if known)

						Column A ebtor 1		Column E Debtor 2 non-filing		
8. <b>U</b> ı	nemploy	ment compensation			\$		0.00	\$		
		er the amount if you contend that the amo Security Act. Instead, list it here:	ount received was a b	enefit under	r					
	For you		\$	0.00						
		spouse								
be	enefit und	r retirement income. Do not include any ler the Social Security Act.			\$		0.00	\$		
Do re do	o not inclo ceived as		al Security Act or pay humanity, or internat on a separate page a	yments ional or	\$		0.00	\$		
					\$		0.00	\$		
		otal amounts from separate pages, if any			. \$		0.00	\$		
		, , , ,			Ψ		1	<u> </u>		
		your total current monthly income. Adn. Then add the total for Column A to the		or \$	4,5	559.69	+ -		. = \$	4,559.69
							J [		Total o	current monthly
Part 2:	Dete	ermine Whether the Means Test Applie	es to You							
12. <b>C</b> a	alculate ;	your current monthly income for the y	ear. Follow these ste	ps:						
12	2a. Copy	your total current monthly income from lin	ne 11			Сору	/ line 11 l	nere=>	\$	4,559.69
	Multip	ly by 12 (the number of months in a year	)						<b>X</b>	
12	b. The re	esult is your annual income for this part o	f the form					1:	2b. \$	54,716.28
13. <b>C</b> a	alculate t	the median family income that applies	to you. Follow these	e steps:						
Fil	ll in the s	tate in which you live.	RI							
Fil	ll in the n	umber of people in your household.	3							
To	find a lis	nedian family income for your state and s st of applicable median income amounts, n. This list may also be available at the b	go online using the li		l in t	he separa	ite instruc		3. \$	84,198.00
14. <b>H</b> o	ow do th	e lines compare?								
14	la. ■	Line 12b is less than or equal to line 13 Go to Part 3.	3. On the top of page	1, check box	x 1,	There is r	no presum	ption of ab	use.	
14	lb. □	Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check b	oox 2, The pi	resu	ımption of	abuse is	determined	by Form 12	22A-2.
Part 3:	Sigi	n Below								
	By sig	ning here, I declare under penalty of per	ury that the informati	on on this st	tater	ment and	in any atta	achments is	true and c	orrect.
	Y /s/	Leticia T Shaw								
	Let	ticia T Shaw nature of Debtor 1								
	Date Jul	ly <b>30, 2019</b>								
		checked line 14a, do NOT fill out or file F	orm 122A-2.							
	•	checked line 14b, fill out Form 122A-2 ar		n.						

Debtor 1

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Debtor 1 Leticia T Shaw Case number (if known)

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 01/01/2019 to 06/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income-Citizens

Year-to-Date Income:

Total Year-to-Date Income: \$26,429.33 from check dated 6/30/2019.

Average Monthly Income: \$4,404.89.

Line 4 - Child support income (including foster care and disability)

Source of Income: **Child Support** Constant income of **\$154.80** per month.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter	7:	Liquidation
(	\$245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
,	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 1:19-bk-11217 Doc 1 Filed 07/31/19 Entered 07/31/19 16:45:32 Desc Main Document Page 52 of 57

B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court District of Rhode Island

In re	Leticia T Shaw		Case No.				
		Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPENSATI	ION OF ATTORN	EY FOR DE	EBTOR(S)			
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For legal services, I have agreed to accept		\$	900.00			
	Prior to the filing of this statement I have received		\$	0.00			
	Balance Due		\$	900.00			
2.	\$_335.00 of the filing fee has been paid.						
3. '	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
4. ′	The source of compensation to be paid to me is:						
	☐ Debtor ☐ Other (specify): Legal Plan						
5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law fi							
	☐ I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the						
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
1	<ul><li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li><li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li><li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li><li>d. [Other provisions as needed]</li></ul>						
7.	By agreement with the debtor(s), the above-disclosed fee does not include the following service:  Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.						
	CERT	TIFICATION					
	I certify that the foregoing is a complete statement of any agreem ankruptcy proceeding.	ent or arrangement for pay	ment to me for re	epresentation of the debtor(s) in			
J	uly 30, 2019	/s/ James T. Marasco	0				
D	date	James T. Marasco Signature of Attorney					
		T. Marasco					
		617 Smith Street Providence, RI 02908					
		401-421-7500 Fax: 4					
		Name of law firm					

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## United States Bankruptcy Court District of Rhode Island

District of Knode Island								
In re	Leticia T Shaw		Case No.					
		Debtor(s)	Chapter	7				
	VE	MATRIX						
Γhe ab	ove-named Debtor hereby verifi	es that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.				
Date:	July 30, 2019	/s/ Leticia T Shaw Leticia T Shaw						

Signature of Debtor

AD Astra Recovery 7330 W 33'rd Street Wichita KS 67205

AmSher Collection Services, In 4524 Southlake Parkway Suite 15 Birmingham AL 35244

Associated Credit 115 Flanders Road Suite 140 Westborough MA 01581

Barclay Card PO Box 8801 Wilmington DE 19899

Capital One P.O. Box 30281 Salt Lake City UT 84130

Capitol One\*
PO Box 85015
Richmond VA 23285

Cash Central 6785 Bobcat Way Dublin OH 43016

Cash Central PO Box 3544 Dublin OH 43016

Cash Central 84 East 2400 North Logan UT 84341

Citizens Bank 1000 Lafayette Blvd Bridgeport CT 06604

Citizens Bank PO Box 42023 Providence RI 02940 Citizens Bank\*
One Citizens Plaza
Providence RI 02903

Credit Acceptance 255505 W 12 Mile Southfield MI 48034

Credit Collection Services\* PO Box 607 Norwood MA 02062

Credit One Bank 6801 S Cimarron Road Las Vegas NV 89113

DDA Recovery 1 Citizens Bank Way Johnston RI 02919

DFS Acceptance 51 Charles Linnberch Blvd Uniondale NY 11553

Flex Shopper 2700 N. Military Trail Ste 200 Boca Raton FL 33431

Global Credit Collections 5440 N Cumberland Avenue Suite 300 Chicago IL 60656

Hodosh Lyon and Hammer Ltd 41 Comstock Parkway Cranston RI 02921

Howard L Schiff Esquire 510 Tolland Street East Hartford CT 06218

LVNV Funding PO Box 390846 Minneapolis MN 55439 Maury Cobb Attorney 301 Beacon Parkway W Ste 100 Birmingham AL 35209

Mercury Card FB&T 700 22nd Avenue South Brookings SD 57006

National Credit Adjuster 327 W 4th Avenue Hutchinson KS 67501

National Grid Customer Contact Center C-3 300 Erie Blvd West Syracuse NY 13202

NCA PO Box 550327 W Fourth Street Hutchinson KS 67504

NCC Business Services Inc 9428 Baymeadows Road #300 Suite 300 Jacksonville FL 32256

Portfolio Recovery Assoc LLC Dept. 922 PO Box 4115 Concord CA 94524

Progressive Insurance 747 Alpha Drive STE A 21 Cleveland OH 44143

Progressive Leasing 256 Data Drive Draper UT 84020

Speedy Cash PO Box 101928 Dept 2280 Birmingham AL 35210 St. Rosa Lima Facts Management 121 S 13th Street, Ste. 301 Lincoln NE 68508

T-Mobile PO Box 742596 Cincinnati OH 45274

Verizon Wireless Southeast PO Box 26055 National Recovery Dept M.S. #4 Minneapolis MN 55426

Verizon\*
Bankruptcy Adminnistration
500 Technology Drive, Ste. 550
Weldon MO 63304

Westfield Commons - First Real 1 Richmond Square Providence RI 02906